

Public Law 212-2003 Makes Changes to Indiana Code 16-41-10

Communicable Disease: Exposure Notification for Emergency Medical Services Providers

Communicable Disease: Exposure Notification for Emergency Medical Services Providers (16-41-10) allows for Emergency Medical Services (EMS) providers to request notification of testing following a possible exposure to blood or body fluids. The law stipulates that the exposure must be of a type that has been demonstrated epidemiologically to transmit a dangerous communicable disease. The changes made to this law include, but are not limited to, the following:

- The definition of an EMS provider has been expanded to include a physician licensed under IC 25-22.5, a nurse licensed under IC 25-23, or other person who provides emergency medical services in the course of the person's employment. Firefighters, law enforcement officers, paramedics, and emergency medical technicians are covered by this regulation.
- A patient (including a patient who is unable to consent due to physical or mental incapacity) to whose blood or body fluids an EMS provider is exposed is considered to have consented to:
 - (1) testing for the presence of a dangerous communicable disease of a type that has been epidemiologically demonstrated to be transmittable by the exposure; and
 - (2) release of the testing results to the EMS medical director or a physician designated by the exposed EMS provider. The EMS medical director or a designated physician will tell the EMS provider the testing results.

The exposed EMS provider who is requesting notification must complete State Form 51467 (9-03), Notification of Blood or Body Fluid Exposure, and submit the form to all of the following:

- EMS medical director;
- If the source patient was admitted to a medical facility either following the exposure or at the time of the exposure, the medical director of the emergency department; and
- The Indiana State Department of Health (ISDH).

State Form 51467 (9-03), Notification of Blood or Body Fluid Exposure, is available at the state forms commission Internet site. The form can be accessed at <http://www.state.in.us/icpr/webfile/formsdiv/51467.pdf>. Additional information about the law and instructions regarding completion of the form will be available at the ISDH Internet site by the end of September 2003. Public Law 212-2003 (PL 212-2003) can be accessed at http://www.in.gov/legislative/pdf/acts_2003.pdf.

EMS providers and employers should review PL 212-2003. They should also be aware of federal laws specific to exposure to blood or body fluids that occurs while performing job duties. The state and federal laws were developed to ensure that EMS providers receive appropriate medical evaluation after an exposure to blood or body fluids. EMS providers and their employers should become familiar with the following federal laws:

- Ryan White Comprehensive AIDS Resource Emergency (CARE) Act: Emergency Response Employees
- The Occupational Health and Safety Administration's (OSHA) Bloodborne Pathogen Standard

Ryan White (CARE) Act

In 1990, Congress passed the Ryan White Comprehensive AIDS Resource Emergency (CARE) Act. Part E of the Act addresses notification of exposure to life-threatening communicable diseases for emergency response employees. It allows for states to follow their own laws regarding emergency response employee notification when the state requirements meet or exceed those set forth by federal law. The requirements of this law include, but are not limited to, the following:

- The development of a list of life-threatening diseases by the U.S. Centers for Disease Control and Prevention (CDC) to which emergency response employees may be exposed and specific guidelines for determining exposure. The list of life-threatening diseases is as follows:
 - Airborne Diseases: Infectious pulmonary tuberculosis
 - Bloodborne Diseases: Human immunodeficiency virus (including acquired immunodeficiency syndrome [AIDS]), hepatitis B
 - Uncommon or Rare Diseases: Diphtheria (*Corynebacterium diphtheriae*), Meningococcal disease (*Neisseria meningitidis*), Plague (*Yersinia pestis*), Hemorrhagic fevers (Lassa, Marburg, Ebola, Crimean-Congo, and other viruses yet to be identified)
- The state health commissioner must designate an officer from each employer of emergency response employees to handle follow-up of exposure to certain dangerous communicable diseases.
- Medical facilities must notify the designated officer when an exposure occurs by airborne route or by aerosol. Those diseases include tuberculosis and some of the diseases listed as uncommon and rare life-threatening diseases.

OSHA Bloodborne Pathogen Standard

In addition to the post-exposure medical evaluation, the OSHA Bloodborne Pathogen Standard requirements ensure that employees who handle blood or certain other body fluids are afforded the maximum protection from contracting a bloodborne pathogen. More information about the Standard is available at the following Internet site: <http://www.osha.gov/SLTC/bloodbornepathogens/index.html>

Employers of EMS providers should be familiar with IC 16-41-10, the Ryan White (CARE) Act, and the OSHA Bloodborne Pathogen Standard when developing policies aimed at protecting EMS providers from contracting life-threatening diseases while performing job duties.
